

SERIAL NUMBER <div style="text-align: center;">09/372,879</div>	FILING DATE <div style="text-align: center;">08/12/99</div>	CLASS <div style="text-align: center;">257</div>	GROUP ART UNIT <div style="text-align: center;">2811</div>	ATTORNEY DOCKET NO. <div style="text-align: center;">RD-036</div>					
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">APPLICANT</div> <div> <p>STEFANOS SIDIROPOULOS, PALO ATLO, CA; JOE-ANAND LOUIS-CHANDRAN, SUNNYVALE, CA.</p> <p>**CONTINUING DOMESTIC DATA***** VERIFIED <u>TT</u> None</p> <p>**371 (NAT'L STAGE) DATA***** VERIFIED <u>TT</u> None</p> <p>**FOREIGN APPLICATIONS***** VERIFIED <u>TT</u> None</p> <p>IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/30/99</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:45%;"> Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance </td> <td style="width:10%;"> STATE OR COUNTRY <div style="text-align: center;">CA</div> </td> <td style="width:10%;"> SHEETS DRAWING <div style="text-align: center;">7</div> </td> <td style="width:10%;"> TOTAL CLAIMS <div style="text-align: center;">28</div> </td> <td style="width:15%;"> INDEPENDENT CLAIMS <div style="text-align: center;">3</div> </td> </tr> </table>					Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY <div style="text-align: center;">CA</div>	SHEETS DRAWING <div style="text-align: center;">7</div>	TOTAL CLAIMS <div style="text-align: center;">28</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">ADDRESS</div> <div> <p>NEIL A STEINBERG ESQ RAMBUS INC 2465 LATHAM STREET MOUNTAIN VIEW CA 94040</p> </div> </div>									
<div style="display: flex;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">TITLE</div> <div> <p>INTEGRATED CIRCUIT DEVICE HAVING I/O STRUCTURES WITH REDUCED INPUT LOSS</p> </div> </div>									
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;"> FILING FEE RECEIVED <div style="text-align: center;">\$904</div> </td> <td style="width:40%;"> FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following: </td> <td style="width:45%;"> <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div> </td> </tr> </table>					FILING FEE RECEIVED <div style="text-align: center;">\$904</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>		
FILING FEE RECEIVED <div style="text-align: center;">\$904</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> All Fees</div> <div><input type="checkbox"/> 1.16 Fees (Filing)</div> <div><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</div> <div><input type="checkbox"/> 1.18 Fees (Issue)</div> <div><input type="checkbox"/> Other _____</div> <div><input type="checkbox"/> Credit</div> </div>							



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Bib Data Sheet

CONFIRMATION NO. 1940

SERIAL NUMBER 09/372,879	FILING DATE 08/12/1999 RULE	CLASS 257	GROUP ART UNIT 2814	ATTORNEY DOCKET NO. RD-036
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APPLICANTS

STEFANOS SIDIROPOULOS, PALO ATLO, CA;
JOE-ANAND LOUIS-CHANDRAN, SUNNYVALE, CA;

** CONTINUING DATA ***** *NONE*** FOREIGN APPLICATIONS ***** *NONE*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/30/1999

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 7	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>DF</i>				
Verified and Acknowledged Examiner's Signature <i>DF</i> Initials				

ADDRESS

JOSE G. MONIZ
RAMBUS INC.
4440 EL COMINO REAL
LOS ALTOS, CA 94022

TITLE

INTEGRATED CIRCUIT DEVICE HAVING I/O STRUCTURES WITH REDUCED INPUT LOSS

FILING FEE RECEIVED 904	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
		<input type="checkbox"/> 1.18 Fees (Issue)
		<input type="checkbox"/> Other _____
		<input type="checkbox"/> Credit